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| CCC-633 LDP (07-29-02) | U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation | 1. Name, Address and ID No. of Contact Producer Telephone No. (Area Code) <i>(Optional)</i> | 2. Crop Year | 3. Commodity |
| LOAN DEFICIENCY PAYMENT CERTIFICATION AND APPLICATION | | 4. Class/Variety/Type | | |
| | | 5. County Where Stored | | |

See Page 2 for Privacy Act and Public Burden Statements.

This form may only be completed **AFTER** harvest and **BEFORE** losing title, control and risk of loss in the quantity included in this request.**FOR COUNTY OFFICE USE ONLY (Items 6 through 11)**

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|-------------------------------|-------------------------------|-------------------|-------------------|---------------|--------------------|--------------------------------------|
| 6A. Name of County FSA Office | 6B. Telephone No. (Area Code) | 7. ST. & CO. Code | 8. Farm Number(s) | 9. LDP Number | 10. LDP Rate \$ | 11. CCC-Determined Value (PCP) \$ |
|-------------------------------|-------------------------------|-------------------|-------------------|---------------|--------------------|--------------------------------------|

PART A - PRODUCER TERMS AND CONDITIONS (Please check applicable "YES" or "NO" Producer must initial for each response in Items 12 through 17)

| | YES | NO | INITIALS | | YES | NO | INITIALS |
|--|-----|----|----------|---|-----|----|----------|
| 12. Is the quantity of this request eligible to be pledged as collateral for a CCC loan? (Not applicable to hay, silage or unshorn pelts) | | | | 15. Has any producer requesting this LDP entered into a contract or option to purchase either verbally or in writing? | | | |
| 13. Does more than one producer have an interest in the quantity for this request? If "YES", all producers must sign this request. | | | | 16. Was the quantity of this request produced by all producers requesting this LDP and has not been purchased or acquired directly or indirectly from any other source? | | | |
| 14. Do all producers requesting this LDP have title, control, and risk of loss (beneficial interest) in accordance with 7 CFR Part 1421 at the time of this LDP request? | | | | 17. Is this the only LDP requested for this quantity? | | | |

PART B - PRODUCER PAYMENT INFORMATION. (If more space is needed, use Part E)

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|--|---------------------|--|---------------------|---------------------------------|
| 18. Quantity Requested and Unit of Measure | 19. Stored Location | 18. Quantity Requested and Unit of Measure | 19. Stored Location | 20. Date Requested (MM-DD-YYYY) |
| | | | | 21. Total Quantity Requested |
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PART C - PRODUCER SIGNATURE AND CERTIFICATION. (If more space is needed, use Part F)

I certify that all information entered on this form is true and correct. By completing and reviewing Part A and by signing this form the producer(s) ("Producer"), hereby makes a claim for payment from the Commodity Credit Corporation (CCC) with respect to the commodity described in Part B and agrees to accept the loan deficiency payment (LDP) rate in effect for the applicable commodity for the county where the commodity is stored and the rate in effect as of the date of this LDP request, when all signatures are obtained. The producer further understands that with respect to the commodity described in Part B (1) to receive payment for the commodity, a request for payment must be made at the County FSA Office where the farm records are kept; (2) any false claim or false statement made may lead to civil liability or criminal prosecution; (3) this LDP may be selected for spot check and the producer will be required to provide supplemental documents to determine program eligibility; (4) that the producer agrees to forgo a commodity loan on the quantity requested for LDP and that the producer may not repay or refund any LDP amount in order to obtain a commodity loan; (5) CCC may require copies of sales contracts for the production represented by this application; (6) this application is subject to determination by CCC of the Producer's eligibility to receive LDP, and that this application and CCC's determination are subject to 7 CFR Part 1421, as applicable; (7) CCC shall require the refund of the LDP amount, plus interest from the date of payment if the producer is later determined by CCC to be ineligible for the LDP; and (8) CCC shall assess liquidated damages in accordance with 7 CFR Part 1421, as applicable, if the producer misrepresented the eligible commodity indicated above; and (9) that maximum eligible quantity determinations must equal the yield used for determining disaster or crop insurance payments, as applicable.

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| 22. Producer's Signature | 23. Share% | 24. Date (MM-DD-YYYY) | 22. Producer's Signature | 23. Share% | 24. Date (MM-DD-YYYY) | 22. Producer's Signature | 23. Share% | 24. Date (MM-DD-YYYY) |
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PART D - CCC APPROVAL OR DISAPPROVAL. (If Disapproved, complete Item 33)

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| 25A. Signature of CCC | B. Title | C. Date (MM-DD-YYYY) | D. Action <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | 26. The quantity requested for this LDP is reasonable? <input type="checkbox"/> YES <input type="checkbox"/> NO |
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PART E - PRODUCER PAYMENT INFORMATION (Continuation)

| 27. Quantity Requested and Unit of Measure | 28. Stored Location | 27. Quantity Requested and Unit of Measure | 28. Stored Location |
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PART F - PRODUCER SIGNATURE (Continuation)

| 29. Producer's Signature | 30. Share% | 31. Date (MM-DD-YYYY) | 29. Producer's Signature | 30. Share% | 31. Date (MM-DD-YYYY) | 29. Producer's Signature | 30. Share% | 31. Date (MM-DD-YYYY) |
|--------------------------|------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|------------|--------------------------|
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PART G -REMARKS AND REASONS FOR DISAPPROVAL

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| 32. Remarks |
| 33. Reasons for Disapproval |

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 USC § 7231 et seq and 7 CFR Parts 1421 and 1427. The information will be used to determine eligibility and the amount of program benefits. Furnishing the requested information is voluntary; however, failure to furnish the correct complete information will result in a determination of eligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0129. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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